

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/02/2016
NAME OF PROVIDER OR SUPPLIER BICKFORD OF OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 10665 BARKLEY OVERLAND PARK, KS 66212		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	INITIAL COMMENTS The following citation is a result of a revisit for correction order 16-39 conducted at the above named residential health care facility on 8/1/16 and 8/2/16. Revised 2567 sent to facility on 8/15/16 .	{S 000}		
{S3280} SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 58 residents, the sample included 3 residents and one focus review resident. Based on observation, interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure	{S3280}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{S3280}	<p>Continued From page 1</p> <p>quarterly review of the facility ' s emergency management plan with employees and residents.</p> <p>Findings included:</p> <p>On 8/1/16 at 4pm received facility in-service on disaster preparedness and tornado training conducted on 6/24/16 for facility residents. 25 resident names were signed as present for the training.</p> <p>Interview on 8/1/16 at 4pm with administrative licensed nurse #A confirmed signatures on in-service/disaster training belonged to assisted living residents and did not include any memory care unit residents.</p> <p>Interview on 8/1/16 at 4:20pm with administrative licensed nurse #A stated memory care unit residents did not receive disaster preparedness training.</p> <p>On 8/1/16 at 4:30pm received staff in-service labeled " CORE " in-service, disaster preparedness and tornado training dated 2/23/16.</p> <p>On 8/1/16 at 4:40pm administrative staff #B stated, " We don ' t have another disaster in-service with staff, just the 2/23/16 one. "</p>	{S3280}		

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{S3280}	Continued From page 2 For all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility ' s emergency management plan with employees and residents.	{S3280}			